

Lady Irish Tennis Camp: Grades 3rd-8th

with Coach Christal Ade

*Forehand & Backhand Drills

*Smash Drills

*Serving

*Attack and Defense Practices

*Match Play

*Returning

*This camp will teach the fundamentals of tennis in an educational, exciting, and positive environment that enhances self-esteem, tennis skills, and love for the game. Join our Lady Irish Coaches and Team Members for 3 days of tennis fun!



Dates: June 14-16

Time: 10:30-12:00

Location: District Tennis Courts

Cost: \$20.00 *If paying by check, make checks payable to: Christal Ade

What to bring

*Water

*Tennis Shoes

*Racket (if you have one)

*Return the following portion with payment to Christal Ade: 109 E. 9th Chapman, KS 67431 785-819-3703

Student Name: _____

Shirt Size: _____

Upcoming Grade Level: _____

Parent/Guardian Name: _____

Phone Number: _____



Complete this liability section and return with registration and payment.

I, the undersigned parent or legal guardian, for and in consideration of the privilege of my undersigned dependent being able to participate in summer athletic activities at and for TENNIS for the summer camps of 2017, hereby covenant and agree to release and forever discharge Chapman High School its agents, servants, employees and volunteer coaches and assistant coaches, USD 473 School Board and its members, from any and all claims, demands, losses, damages, costs, expenses, and attorney's fees for injury to or death to the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of playing or participating in sports and organized athletic activities at and for Christal Ade's Tennis Camp.

I, the UNDERSIGNED, having read and understood the Release, do agree and consent to the participation of undersigned dependent in sports and organized athletic activities at and for Christal Ade's Tennis Camp. I execute it voluntarily and with full knowledge of its significance.

Dated and signed at _____, Kansas this ____ day of _____, 20__

Signed: _____ Date: _____ Signed: _____ Date: _____

Parent or Legal Guardian

Student